## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|-----------------------------------------|
| 10578840                | KIKUCHI ET AL.                          |
| Examiner                | Art Unit                                |
| MAHER HADDAD            | 1644                                    |

| ORIGINAL                                                    |          |        |  |     |   |         | INTERNATIONAL CLASSIFICATION |                      |                      |  |  |  |             |  |  |  |
|-------------------------------------------------------------|----------|--------|--|-----|---|---------|------------------------------|----------------------|----------------------|--|--|--|-------------|--|--|--|
| CLASS SUBCLASS                                              |          |        |  |     |   | CLAIMED |                              |                      |                      |  |  |  | NON-CLAIMED |  |  |  |
| 530 387.1                                                   |          |        |  | С   | 0 | 7       | К                            | 16 / 00 (2006.01.01) |                      |  |  |  |             |  |  |  |
| CROSS REFERENCE(S)  CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |          |        |  |     | С | 0       | 7                            | К                    | 16 / 28 (2006.01.01) |  |  |  |             |  |  |  |
|                                                             |          |        |  | CK) |   |         |                              |                      |                      |  |  |  |             |  |  |  |
| 530                                                         | 387.3    | 388.22 |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             | <u> </u> |        |  |     |   |         |                              |                      |                      |  |  |  |             |  |  |  |
|                                                             |          |        |  |     |   | _       |                              |                      |                      |  |  |  |             |  |  |  |

|       | Claims renumbered in the same order as presented by applicant |       |          |       |          |       |          |       | СР       | 'A [  | ] T.D.   | ☐ R.1.47 |          |       |          |  |
|-------|---------------------------------------------------------------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|----------|----------|-------|----------|--|
| Final | Original                                                      | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final    | Original | Final | Original |  |
| 1     | 24                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
| 2     | 27                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
| 3     | 29                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
| 4     | 31                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
| 5     | 33                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
| 6     | 38                                                            |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |
|       |                                                               |       |          |       |          |       |          |       |          |       |          |          |          |       |          |  |

| NONE                                             | Total Claims Allowed: |                     |                   |  |  |
|--------------------------------------------------|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                             | (Date)                |                     | )                 |  |  |
| /MAHER HADDAD/<br>Primary Examiner.Art Unit 1644 | 09/14/2011            | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                               | (Date)                | 1                   | None              |  |  |